

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/549890

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3		1				
4		1				
5		1				
6		1				
7		1				
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16		1				
17		3				
18		2				
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24		1				
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26		1				
27		1				
28		2				
29		1				
30		1				
31	1					
32	1					
33		1				
34		2				
35		4				
36		4				
37		4				
38		4				
39		1				
40		1				
41		1				
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43		2				
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45		2				
46		1				
47	1					
48						
49						
50						
TOTAL IND.	3	↓		↓		↓
TOTAL DEP.	66	←		←		←
TOTAL CLAIMS	69					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

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